Family PACT
Planning • Access • Care • Treatment
OFFICE OF FAMILY PLANNING
CALIFORNIA DEPARTMENT OF HEALTH SERVICES

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Update

THIS ISSUE:

WHY QUALITY IMPROVEMENT?

The secret to success in your clinic/practice is staff who care and clients whose satisfaction with the services brings them back. Family PACT has a new "method" for improving your family planning reproductive health services to ensure quality client-centered care.

COPE® (Client-Oriented Provider-Efficient services) is both a process and a set of tools designed to help health care staff continuously assess and improve the quality of their services. Built on a framework of clients' rights and staff needs COPE® was developed by EngenderHealth (formerly AVSC) for use across the globe to help clinic staff work as a team to improve the quality of their services through manageable and measurable steps.

OFP is offering COPE® as a new provider resource. The pilot phase is now in process, initially recruiting publicly funded clinics only, but soon COPE® will be available throughout the provider community. For more information on COPE® or to invite a COPE® facilitator into your clinic to help you get started, call Abi Brown at (916) 444-1254. OFP staff will review requests to determine the best use of resources. ■

Contraceptive Choices Across the Lifespan – The Right Fit

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Have you ever had a nagging feeling when a client leaves they may not use the prescribed contraceptive method? Or has a client repeatedly returned for a pregnancy test, even though you know her as a regular contraceptive client? Do these clients leave with a method that is not really one they will use; not the "right fit"?

The Family PACT Program includes access to all FDA approved methods. Clients have the right to information about all available options and the freedom to choose; providers have the responsibility to inform about all method options and to assist with a client's choice. However information alone is not enough. True access is a process of client discovery. Clients need to answer the question "What is right for me?" You, as the healthcare provider, have a pivotal role in assisting clients with the choice process by discussing relevant medical and lifestyle factors. But how can you provide needed counseling about contraceptive methods when there are so many to choose from, so many different clients with a range of needs and only so many hours in a day?

Today key paradigms in the field of contraception are 1) management of fertility, 2) method efficacy, and 3) contraceptive fit. These concepts are basic to a client-centered perspective, which is your tool to increase client's success in achieving personal family planning goals as well as preventing unintended pregnancy. Effective contraceptive management must include targeted education/counseling with guidance from you to connect clients with a contraceptive method that they accept as the best choice, the right fit.

The broad definition of family planning is a focus on planning families; assisting couples to plan the number and spacing of their children. The intent is not only to prevent unintended pregnancy but to promote planned, prepared pregnancy. While Family PACT does not provide pregnancy care, education/counseling services do include preconception education to optimize future pregnancy outcomes. Medical history taking should include plans for pregnancy. The dual goals of promoting planned, prepared pregnancy and preventing unintended pregnancy are interrelated reproductive health factors. These goals help us recognize the importance of contraceptive methods and education/counseling to overall personal and family health.

Contraceptive methods now available fall into one of three efficacy tiers based on typical failure rates. Failure rate is described as the percentage of women who get pregnant in one year while using the method. At the base, or third tier, are the barrier and behavioral methods — male and female condoms, diaphragms, cervical caps, spermicides, withdrawal and natural family planning — with typical first year failure rates varying between 12% (male condoms) to 40% (spermicide). Second tier methods are combination hormonal methods — pills, patches and vaginal rings. Typical failure rate for oral contraceptives is now estimated to be 8%. While the potential for newer delivery systems suggests that effectiveness rates would be better, there are currently no

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Contraceptive Choices . . . continued

data to support that they prevent pregnancy any better than pills do. The best protection is offered by the first tier methods — implants, injections
and intrauterine contraceptives (IUCs). Unfortunately implants and the once-a-month injection are not now available. The newer estimate of first-year failure with DMPA (Depo-Provera) is 3% while the IUCs remain less than 1%.

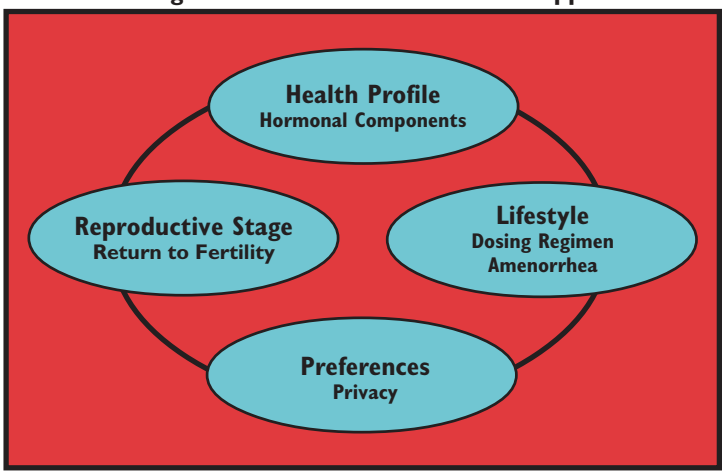
Typical failure rates do not tell the whole story. Efficacy of most methods depends upon how well the client uses a method. Women who are apprehensive about hormones may not be consistent pill, patch or ring users. Women whose partners refuse to use condoms may have trouble using other barrier methods. Women who have needle phobia will not benefit from DMPA.

The Association of Reproductive Health Professionals (ARHP) model of contraceptive fit (see Figure) shows that medical concerns are important, but that other patient based non-medical issues contribute equally to anticipate contraceptive success. Important issues are found in each circle: Health Profile, Lifestyle, Preferences and Reproductive Stage. These are often differences by age of client. For example, adolescents may want to prevent pregnancy like older women, but will value more the method options that help preserve future fertility. Similarly, privacy may be more important to the younger woman than it is for older women. Non-contraceptive effects, i.e. impacts on vaginal bleeding, weight, need to be balanced by the positive long-term health impacts, i.e. lipid and cholesterol effects and cancer reduction potential. These should be important to every woman but tend to catch the attention of older women. Women of every age may find it challenging to remember to take a daily medication, but in studies of younger women, the weekly patch was used much more successfully than the pill.

Of course, accidents do happen at every age. Women using any method of birth control except perhaps the IUC should be offered emergency contraception (EC) in advance of need to have available when it is needed.

Personal reproductive health concerns vary over the lifespan. Typical adolescent issues are pregnancy prevention, sexually transmitted infection (STI) prevention and preservation of future fertility. Issues for women in their 20s and 30s are preservation of fertility, spacing children, pregnancy prevention, STI prevention, return to fertility after method cessation and reduction of reproductive cancers. And finally, issues for women in their 40s may include pregnancy prevention, cycle control/elimination, cancer reduction and vasomotor symptom relief. Also, men are clearly half of the reproductive equation. Education for men about advances in contraception, including EC, is an essential factor. An informed, involved man can support his partner in achieving contraceptive success and can be an active participant in planning the number and spacing of his children as well. By keeping these issues in mind, it is possible to provide the best contraceptive options for your clients throughout their reproductive lifespan.

Matching Patients' Needs to a Balanced Approach



In summary, assisting clients with method choice for the "right fit" must take into account their health profile, lifestyle, preferences and reproductive stage throughout their reproductive years. Clinicians must consider a client's personal reproductive health concerns based on their age or life stage. Methods that are best suited to achieve personal goals are recommended and the client participates in the decision. This is a client-centered approach informed by medically relevant information that you as a provider have obtained during the visit. Use of the ARHP model for discussion of individual client issues can achieve a method choice in a relatively short period of time. True access is the process of going from offering method options to a client's personal choice about the "right fit." ■

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Family PACT Program Support & System Services

Health Access Programs (HAP) Hotline	**800-257-6900**
Order HAP cards Family PACT billing assistance Regional HAP representatives' on-site consultation	
Office of Family Planning	**916-650-0414**
Medi-Cal Provider Services/ Enrollment	**916-323-1945**
Orders for Family PACT Client Education Materials (EDS)	**800-848-7907**
POS/INTERNET Assistance	**800-427-1295**
AEVS Assistance	**800-456-2387**
Medi-Cal Fraud Hotline	**800-822-6222**
Education and Counseling Resource Line	**877-FAMPACT**
(Technical assistance for staff providing birth control method options information and counseling to Family PACT Clients)	

Access to All Methods – The Data Picture and You

The primary purpose of Family PACT is access to a family planning method for uninsured eligible women, men and adolescents. (1). The Office of Family Planning (OFP) routinely tracks provider claims data to determine a picture of contraceptive method services. This data is a picture of contraceptive services representing the method mix available to clients.

The average Family PACT provider delivered in FY 2001/2002 the following mix of contraceptive services to female clients: 46% oral contraceptives, 32% barriers, 16% injections, 5% intrauterine contraception (IUC) and 1% each for implants and sterilizations. This picture compares favorably to the National Survey of Family Growth (NSFG) data; a higher proportion of Family PACT clients had services for the most effective methods of injections and IUC and also for the next most effective method of oral contraception.

Does your practice deviate from this Family PACT picture? If so you may want to ask why and ask what Quality Improvement (QI) actions are needed. Clinicians may want to enhance skills and offer a wider variety of contraceptive methods; key staff may need to improve ability to discuss the "right fit." True access is beyond giving options information to conducting facilitated choice. Client-centered counseling may be a new talent and professional skill for clinicians and staff new to the program.

"Do you provide a full array of contraceptive methods to your Family PACT clients? Are your clients using the most effective method that is medically appropriate for their life situation?"

Expected criteria are in the Family PACT Standards and in each clinician's formal provider agreement with OFP. QI resources are available through special consultation with Nurse Consultants in OFP.

(1) Family PACT eligible individuals are uninsured women, men and adolescents in California at or below 200% of the federal poverty level at risk of pregnancy or causing pregnancy. ■

Did You Know?

◆ Participant materials from past Family PACT audio teleconferences are available at www.FamilyPACT.org. Sessions/materials currently posted include "Beyond Pills and Condoms" (5/19/03) and "Guidelines for Developing Office Policies and Procedures for Victims of Intimate Partner Violence at Family PACT Sites" (10/24/02).

◆ The Family PACT website also offers Family PACT Fact Sheets and data reports on the methods and services Family PACT clients are receiving, emergency contraceptive use, and services to adolescents and men. Once at the home page, click 'Family PACT Summaries' in the left column. The information is valuable for program planning, public information events and quality improvement. ■

Frequently Asked Questions

◆ ***1. As a clinician do I have to offer all birth control methods?***

Yes, directly or by referral. The main purpose of the Family PACT Program is to ensure access to the full range of contraceptive options. Clinicians delivering services under Family PACT should possess the knowledge and skills necessary to provide and manage the following contraceptive services onsite: oral contraceptives, emergency contraception, injections, vaginal rings, patches, spermicides, condoms, and LAM. Additionally you must be able to provide basic education & counseling for contraceptive implants, intrauterine contraceptives, diaphragm, cervical cap, Fertility Awareness Method, and male and female sterilizations even if these are provided through referrals.

◆ ***2. The clients I see know which method they want to use. Do I still need to provide options education and counseling?***

Options education and counseling is more important now than ever. There are several new contraceptive options that may enhance client compliance and continuation. Many of your clients may not know about them and their availability through the program. The time you spend providing information about options will improve your client's ability to select a method that meets their lifestyle and reproductive needs.

◆ ***3. Are written consents required for all contraceptive methods?***

No. Written informed consent is required only for invasive procedures including sterilization and the initiation and discontinuation of intrauterine contraceptives and implants. It is required that the clients have an informed choice. There must be medical record documentation of the informed choice process; education & counseling for method options. ■

Family PACT Update

PPBI CHANGES

The Family PACT *"Policy Procedures and Billing Instructions" (PPBI) is* being updated. Look for replacement pages to be mailed this summer. These pages incorporate information from prior Medi-Cal Bulletins that is critical for implementing the Family PACT program. All providers should have a system for notifying clinicians and staff about the new pages as well as replacing pages in the PPBI. Additional copies can be obtained by calling the HAP Hotline.

CLINICAL PRACTICE ALERT ON CHLAMYDIA SCREENING

Medical Directors and other Family PACT clinicians will soon be receiving a Clinical Practice Alert from the Office of Family Planning and the STD Control Branch — Chlamydia Screening. The current rates of Chlamydia screening of client's under 25 year of age for Chlamydia will be highlighted. Guidelines for complying with the Family PACT Clinical and Preventive Services Standard on Chlamydia screening and provider educational resources will also be included. ■

The Office of Family Planning has a new home!

The Office of Family Planning headquarters is moving to 1615 Capital Avenue, 4th Floor, Sacramento, CA 95814. The new telephone number is (916) 650-0414. Please update your records! ■

Family PACT Orientation/ Update Sessions

Has new staff joined your Family PACT practice? Does the veteran staff need an update on the Family PACT program? The Family PACT Orientation/Update sessions are an excellent resource to meet these needs. All aspects of the program are discussed with the latest changes highlighted. Take advantage of this "no cost" educational opportunity that is scheduled at least once per month in different locations throughout the state. Watch for the Medi-Cal bulletin, the Family PACT Calendar of Educational Events or go to the website www.FamilyPACT.org for the schedule and location of these valuable Update sessions. ■

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